

# ONE-TIME PUBLIC DANCE PERMIT APPLICATION

FEE: \$10.00/day

LMC Chapter 5.20

## RETURN TO:

City Clerk's Office  
555 S. 10<sup>th</sup> St.  
Lincoln NE 68508

**PLEASE ALLOW 2 WEEKS FOR PROCESSING**

NOTE: You **must** provide a site plan which would include a diagram of the space to be used for dancing, dressing rooms, check rooms, bathrooms, entrances, exits, stairways, elevators & fire escapes. Applications will not be processed until such site plan is on file with the City Clerk's Office. **APPLICATION WILL BE RETURNED IF THIS IS NOT SUPPLIED.** A new Application must be submitted if any change is made from the application as previously submitted & approved.

**Please PRINT using blue or black ink only.**

## APPLICANT'S INFORMATION:

Name: \_\_\_\_\_ D.O.B.. (must be 21 years of age) \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip

Day-Time Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

## EVENT INFORMATION:

Date(s): \_\_\_\_\_ Hours of event(s): \_\_\_\_\_

Purpose of dance: \_\_\_\_\_

Location of Dance: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_  
Street City State Zip

Max. # of persons allowed on the premises: \_\_\_\_\_ Floor of the building where the dancing & all other rooms will be located: \_\_\_\_\_

## EMPLOYEE INFORMATION:

Names of all persons employed by applicant in conducting dance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have any of the above-named individuals been found guilty or plead guilty to a misdemeanor involving moral turpitude or have been convicted or plead guilty to any felony?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give particulars: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

*Applications are available on the City's web site at "www.ci.lincoln.ne.us"*

## REFERRALS

### FIRE PREVENTION BUREAU:

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ DATE: \_\_\_\_\_

RECOMMENDATIONS OR COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### POLICE DEPARTMENT:

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ DATE: \_\_\_\_\_

RECOMMENDATIONS OR COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### HEALTH DEPARTMENT:

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ DATE: \_\_\_\_\_

RECOMMENDATIONS OR COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CODES ADMINISTRATION:

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ DATE: \_\_\_\_\_

RECOMMENDATIONS OR COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PARKS DEPARTMENT: *(only if event involves Park property)*

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ DATE: \_\_\_\_\_

RECOMMENDATIONS OR COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_